

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

33762

8908

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

admission

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MO.

Inside Limits  
Yes ☐ No ☐

c. CITY  
OR  
TOWN St. Louis

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION ST. LOUIS CITY HOSP. # 1.

Length of stay in lb

d. STREET  
ADDRESS (If outside, give location)  
21570 4414 Chippewa St.

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

ROSA

KUNST.

4. DATE OF DEATH

Month

Day

Year

SEPT. 22, 1957

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH

Aug. 27, 1860

9. AGE (In years last birthday)

97

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Lebanon, Ill.

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME

Frank Thome

13b. MOTHER'S MAIDEN NAME

Rosa Reisbaum

14. NAME OF HUSBAND OR WIFE

Late Otto Kunst

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)  
No None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mamie Drohr 4414 Chippewa St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

thrombosis of R MCA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

Ex I-T (R) Hip. Recent.

INTERVAL BETWEEN ONSET AND DEATH

E904.0  
23

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
AT HOME

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/16/57 to 9/22/57 and last saw her alive on 9/22/57  
Death occurred at 4:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

9/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE

Sep. 25, 1957

23c. NAME OF CEMETERY OR CREMATORY

St. Paul Churchyard

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG.

SEP 23 57

26. REGISTRAR'S SIGNATURE

J. Earl Smith M.D.  
J.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.